

Office of Personnel Management

**CATASTROPHIC LEAVE BANK
RETURNED OR ACCRUED LEAVE TRANSMITTAL FORM**

Agency		CBL Case Number	
Recipient Name	Social Security Number		Position Number
Number of Hours of Unused Catastrophic Leave Being Returned	Date of Return or Termination of Recipient		
Number of Hours of Accrued Leave Being Placed in the OPM Catastrophic Leave Bank	Time Period Covered By Leave Submitted	Dollar Value of Leave	

Name of Timekeeper	Signature of Timekeeper
Telephone Number	Date

Note: This form is intended for use by agencies participating in the OPM Catastrophic Leave Bank Program to transmit sick or annual leave accrued by employees who are receiving catastrophic leave or to return any unused catastrophic leave to the Bank in the event that an employee approved to receive catastrophic leave returns to work earlier than expected, terminates, expires, or retires.

RETURN TO: OPM Catastrophic Leave Bank
1509 West Seventh Street
DFA Building, Room 201
P O Box 3278
Little Rock, Arkansas 72203-3278